

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcausing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," -Coal (6)

Statement of cause of death—Name, first, the DIBEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carein-

injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Purerreral septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chrowio cer" is less definite; avoid use of "Tumor" for mailyture of the American Medical Association.) cause of death approved by Committee on Nomencia-Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF HE probably which surgical operation was undertaken. "Collapse." "Coma," "Convuisions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. oma. Sarcoma. etc., of ... "Contributory." The contributory (secondary or intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Candeath), 29 ds.; State cause for "Exhaustion," Never report Examples: For VIO-



1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

[If death occurred in

FULL NAME John Decks	a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Single, MARRIED, Single WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH /2 /6 ,1913 (Year)
6 DATE OF BIRTH  Dec 25  (Month) (Day (Year)	that I last saw h Missalive on Dee 19 1913.
7 AGE  8 3 // mos / ds. If LESS than 1 day,hrs. OR min. ?	and that death occurred on the date stated above, at 3 7 A m.  The CAUSE OF DEATH* was as follows:
(a) Frade, protession, or particular kind of work.  (b) General nature of industry, business, or establishment in	Greumonid acute
which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER Frederich Drekman  11 BIRTHPLACE OF FATHER (State or country)  Linknown	Contributory Secondary  (Boration)  (Investigation)  (Signed)  (Signed)  (Signed)  (Address)  (State the Disease Causing Death, or in deaths from Viscourse)
12 MAIDEN NAME OF MOTHER Clyabeth Tombe  13 BIRTHPLACE OF MOTHER (State or country) Likenows	*State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs mos ds. State yrs mos ds
(Informant) Min I Fetherstone	Where was disease contracted, If not at place of death?  Former or usual residence
16 Filed Dec. 19 th 1913 Jap, N. Bay Sm. D.	19 PLACE OF BURIAL OR REMOVAL    Own Cameling   Dec 19, 1913.  20 UNDERTAKER   ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

S. No. 1.

N. B.



[Approved by U. S. Census and American Public Health Association.]

statement. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second the nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the msease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional liue is provided for the latter statement; essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the Insease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defluite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumouia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Seuile," ctc.), "Dropsy," "Exhaustion," theuia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, naut neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehacctc., when a defiuite disease can be ascertained as the "Heart failure," "Haemorrhage," "luanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report



15

PLACE OF DEATH	STATE OF MARYLAND
county Starford 17050	CERTIFICATE OF DEATH Registration Dist. No.
Village or City abright (No. (No. )	St.; Ward)  [if death occurred in a hospital or institution, give its NAME iostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Meete Land (Write the word)	16 DATE OF DEATH Suc 27, 1913 (Month) (Day) (Year)
6 DATE OF BIRTH  ave 5, 1913  (Month) (Day) (Year)	that I last saw h m alive on more strong str
7 AGE  yrs. 4 mos. 2 2 ds. or. mlo.?	and that death occurred on the date stated above, at 8, 300m, The CAUSE OF DEATH* was as follows:
SOCCUPATION  (a) Frade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  SIRTHPLACE  (State or country)  State or country)	Contributory (Secondary)  (Duration) yrs. 5 mos. ds.  (Diration) yrs. 5 mos. ds.
OF MANE OF GLEV GLEUT  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER  12 MOTHER OF MOTHER	(Signed), M. D.  State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUBES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  14THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted,
(Informant) Mary Billium	former or osual residence
(Address)  15  Filed	Melenar Apress  Malenar Apress  Mondan
If more blanks are needed, address State Registrar	. 6 E. Franklin St. Balto Requesting V S No 1



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). additional line is provided for the latter statement; who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of fil-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. duties of the household only (not paid Housekeepers mine, ctc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necbeen changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never (b) Cotton mill; (a) Salcsman, return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal medical medical fever (avoid use of "Croup") \*\*\*\*\*[Typhoid fever (never report "Typhoid distance"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unquaiified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinologies

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acotsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purpersal septichaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma. Sarcoma. etc., of Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 da.; valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Never report



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PERSONAL AND STATISTICAL PARTICULARS  4 COLOR OR RACE  A Shitt  Write the word)	CERTIFICATE OF DEATH  Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS  4 COLOR OR RACE  A Shite  (Write the word)	MEDICAL CERTIFICATE OF DEATH  MEDICAL CERTIFICATE OF DEATH  (Month) (Day) (Year  17 I HEREBY CERTIFY, That I attended deceased for
PERSONAL AND STATISTICAL PARTICULARS  4 COLOR OR RACE MARRIED, WISOWES, ORDIVORSED (Write the word)	MEDICAL CERTIFICATE OF DEATH  16 DATE OF DEATH  (Month) (Day) (Year  17 I HEREBY CERTIFY, That I attended deceased for
male Monte Orenoge (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year  17  I HEREBY CERTIFY, That I attended deceased for
male White Greveneer (Write the word)	(Month) (Day) (Year
10	
(Month) (Day) (Year)	that I last saw h alive on 5
if LESS than t day,hrs.	and that death occurred on the date stated above, at 6
UPATION ade, prefession, er alar kind of work	Por la sist
oeral nature of industry, s, or establishment to employed (or employer)	(Duration)yrsmos
THPLACE or country) Handon de Co.	(Secondary) (Deration) yrs mos.
NAME OF PATHER Dames & Harlach	(Signed) A There,
State or country)	*State the DISEASE CAUSING DEATH, or in deaths from Viole
MAIDEN NAME Mande & Swift	CAUSES, State (1) MEANS OF INJURY; and (2) Whether ACCIDS TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE OR RECENT RESIDENTS)
SBIRTHPLACE OF MOTHER (State or country)	At place to the of death yrs mos ds. State yrs mos
ormant) James J. Harlach	Where was disease contracted, If oot at place of death?  Former or usual residence.
(Address) Street Ind.,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Dec 6, 191 3 Jas BU Menost  Pederly REGISTRAR	20 UNDERTAKER ADDRESS
1 ( ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	If LESS than t day, hrs.  OR MOS. 20 ds.  OR MOS. 20 ds.  OR MIR.?  MANGE OF MOTHER  State or country)  MAIDEN NAME OF MOTHER  State or country)  ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  TMAN!  (Address)  ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  TMAN!  (Address)  ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  TMAN!  (Address)



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Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia "("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County. Registration Dist. No. flt death occurred in .....Ward) a hospital or institution. give its NAME Instead of street and number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Day) Write the word) I HEREBY CERTIFY, That I attended deceased from S DATE OF BIRTH (Month) It LESS than and that death occurred on the date stated above, at 1 day. hrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Contributory. 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death ...... yrs. ..... mos. ..... ds. (State or country) State ..... yrs. .... mos. .... Where was disease contracted. It not at place of death? Former or usual residence. DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association:]

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losis of lungs, pneumonia"); Lobar pneumonia; Bronchopneumonia brosplnai meningitis"); Diphtheria term for the same disease. time and causation), using always the same accepted causing pratti (the primary affection with respect to "Croup"); fever (the only definite synonym is "Epidemic cere-("Pneumonia," Statement of cause of death-Name, first, the DISEASE Typhoid fever (never report "Typhoid meninges, peritonaeum, etc.. unqualified, is indefinite); Tubercu Examples: Cercbrospinal (avoid use of Carcin-

> childbirth or miscarriage. as etc., when a definite disease can be ascertained as the ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJUST and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of "Contributory." is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) "Old Age," "Shock," Always qualify all diseases resulting from Measles (disease causing death), 29 "Senile," etc.), (Recommendations on statement of may be stated under the head of "Dropsy," "Traemia," "Weakness," "TUERPERAL septichac-(name origin; "Can The nature of the "Exhaustion," Never repor Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 5 1914 BUREAU, V.S.

PLACE OF DEATH 17053	STATE OF MARYLAND
He. I al	CERTIFICATE OF DEATH
Gounty L	Registration Dist. No. 183
Village or City Black Horse (No.	St.; Ward)  [it death occurred in a hospital or institution, give its NAME instead of street and oumber.]
FULL NAME Harman Clipt	shell Henderson of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR OLVERGED	16 DATE OF DEATH LOVE. 21, 1913. (Month) (Day) (Year)
B DATE OF BIRTH May 22 1857	I HEREBY CERTIFY, That I attended deceased from  1913, to Loc. 2 / 1913,
(Month) (Day) (Year)	that I last saw her allve on Love 21, 1913
AGE If LESS than	and that death occurred on the date stated above, at 6/3 /m,
62 yrs. 6 mos. 29 ds. or	The CAUSE OF DEATH * was as follows:
OCCUPATION (a) Frade, profession, or particular kind of work.	Perseadites
(b) Geograf nature of Industry, business, or establishment in	(Buestlan) — 1/57.
which employed (or amployer)	(Duration) — yrs — mos 2 ds.
(State or country) Tarbord Co. Ma.	Contributory Clume References (Secondary)  (Deration) 2 yrs mos. ds.
10 NAME OF Samuel Well	(Signed) Willard Stuling, M.D.
11 BIRTHPLACE 9/	Lesc. 22, 191 3 (Address) White / I Il me
OFFATHER (State or country) Starford Calld	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
12 MAIDEN NAME OF MOTHER CLIPA, Halker	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSPORT
13 BIRTHPLACE OF MOTHER (State or country) Farlord Co.M.	OR RECENT RESIDENTS)  At place In the ot death yrs mos ds.
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) & Lines W. Stenderson	Former or usual residence
(Address) Ithite Hall: Mg.	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL 4
6 00000 494	MHendree Dec 24, 1913
Filed 191 Of 191 Registrar	20 UNDERTAKER ADDRESS
If more blanks are needed, address State Registrar	6 E Franklin St. Relto Paqueting V. S. No. 1

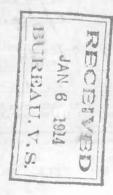


[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcin-

childbirth or miscarriage, as "Purperal septichaecause. Always qualify all diseases resulting from ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Contbenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chrosia er" is less definite; avoid use of "Tumor" for mallsoma. Sarcoma. etc., of \_\_ The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-State cause for



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Instructions

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [if death occurred in ----Ward) a hospital or lostitution. give its NAME lostead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. MARRIED. WIDOWED, WORDIVORCED (Write the word) (Month) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH alive on ....., 191... (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day Ohrs. BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) .... which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory. Secondary (Doration) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE 191 ..... (Address) OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER of death \_\_\_\_\_ yrs. \_\_ (State or country State \_\_\_\_\_ yrs. \_\_\_\_ mos. Where was disease contracted. If not at piace of death?-Former or

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

usuai residence.

20 UNDERTAKER

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

ADDRESS



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to thme and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for oma, Sarcoma, etc., of....... (name origin; "Cancer" is less definite; avoid use of "Tumor" for maligscpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debillty" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of Never report



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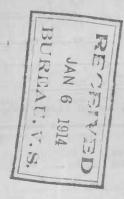


[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iiiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers the nature of the business or industry, and therefore an who have no occupation whatever, write None been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-('oal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the nisease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head lujury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage, as "Purreral scottchacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'Traemla," "Weakness," "Haart failure," "Haemorrhage," "Inanition," "Maras thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. oma. Sarcoma. etc., of \_ "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Collapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis. mant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) "PUERPERAL peritonitis," etc. Aiways qualify ail diseases resulting from "Senlle." etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can State cause for Examples:



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#### OCCUPATION PHYSICIANS RECORD EXACTLY. AGE may certificate. carefully 5 terms, in pinous piain See instructions Information = DEATH ō Every Item CAUSE OF mportant.

1 PLACE OF DEATH 17055PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word) DATE OF BIRTH (Month) (Day 7 AGE 1 day. hrs. OR ..... ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or eslablishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.; Ward)

[If death occurred in a hospital or institution. give its NAME Instead of street and number. ]

	MEDICAL CE	RTIFICATE	OF DEATH	
16 DATE OF DE	EATH	<u> </u>	13	, 191-3
		(Month)	(Day	(Year)
17	I HEREBY CI	ERTIFY, Tha	t I attended	deceased from
Morrie	ber 3 1917	v to do	ce 1	3 1913
that I last saw	h alive	on Ne	e 9	,1913
and that death			/	
The CAUSE OF	DEATH* wa	s as follows	:	
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21 51				
MuneH	ephon	Leo		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
***************************************		******************************		*****************
	**	(Duration)	yrs	ds.
Contributory Secondary	Y		848888888888888	************
		(Duration)	vre	moe de
(Signed)	OFK	Dul	2 au	eg , N. D.
Dals	., 191 (Addr	ess) Pe	ory ru	an Wed
*State the CAUSES, state	DISEASE CATIS	ING DEATH, OF INJURY:	or in doath	s from VIOLENT

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the

State \_\_\_\_\_ yrs, \_\_\_\_ mes, \_\_\_\_ ds ...... yrs. ..... mos. ..... ds. Where was disease contracted.

If not at place of death? --Former or

usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Ratto., Requesting V. S. No. 1.

REGISTRAR

(Year)

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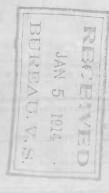


[Approved by U. S. Census and American Public Health Association.]

anaterial worked on may form part of the second - Grocery; (a) Foreman, (b) Automobile factory. The gainfully employed, as At school or At home. fication as Day laborer, Farm laborer, Laborer-Coal statement. (a) Spinner, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thns: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dnties of the honsehold only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciessary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopncumonia ("Pnenmonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic canse of death approved by Committee on Nomenciascpsis, tetanus) may be stated under the head of LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State canse for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallnre," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debllity" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease cansing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (name origin; "Canthre of the American Medical Association.) "Contributory." injnry, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which snrgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or interenrent) (Recommendations on statement of Never report For vio-



Cor	PLACE OF DEATH 17056	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 183
VIII	FULL NAME Charles Clifton	St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
36.1	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE 7/10	ATE OF BIRTH  OCX 21, 1913	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That I attended deceased from the property of t
TAC		and that death occurred on the date stated above, at 115 P. m The CAUSE OF DEATH* was as follows:
(b) busi	General nature of Industry, Iness, or establishment in the employed (or employer)  RTHPLACE (State or country)  Farmdulage, lack	Gontributory Grades Spinel Meinight
PARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  13 BIRTHPLACE OF MOTHER  (State or country)  14 Maiden Name Common C	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN TAL, SUICIDAL, OR HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOAPITALA, INATITUTIONS, TRANSIENTS OF RECENT RESIDENTS)  At place In the
	(Address) Ham dince who	of death yrs. mos. ds. State yrs. mos. dt. Where was disease contracted, It not at place of death? Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  ADDRESS  ADDRESS  HADRAGE



[Approved by U. S. Census and American Public Health Association.]

cated thus: of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic which surgical operation was undertakeu. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Deblity" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Auaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as cause. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report



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MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, SEX 4 COLOR OR RACE MARRIED, Widowed WIDOWED, (Write the word) 6 DATE OF BIRTH (Day) (Year) 7 AGE If LESS than 1 day hrs. OR ..... min. ? 6 OCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) -----Contributory. 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER S 11 BIRTHPLACE ARENT OF FATHER (State or country) 12 MAIDEN NAME

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St: .....Ward)

Tif death occurred in a hospital or Institution. give its NAME instead of street and number. 7

I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, at\_ The CAUSE OF DEATH \* was as follows: . 191.3. (Address) Aber \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTE At place in the of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State ...... yrs, \_\_\_\_ mos. ..... ds. Where was disease contracted. It not at place of death?. Former or usual residence. 19 PLACE OF BURIAL

REGISTRAR

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necness of various pursuits can be known. The question tion is very important, so that the relative mealthfulwho receive a definite salary), may be entered as statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonacum, etc.. Carcin-

such, if impossible to determine definitely. Examples: childbirth or miscarriage, as "Purpresal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measics (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronia ver" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (name origin; "Can-Never report



V. B. No. 1.

N. B.

Filed 2

RECORD

Village or City Full NAME Eva Leonal	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jesex 4 COLOR OR RACE Single, MARRIED, WIDOWED, ORDIVORCED ORDIVORCED ORDIVORCED ORDIVORCED ORDIVORCED ORDIVORCED ORDIVORCED	16 DATE OF DEATH Secular 26, 1913 (Month) (Day) (Year)
6 DATE OF BIRTH  23, 1873  (Month) (Day) (Year)  7 AGE  40 yrs. 5 mos. 2 ds. ormin.?	that I last saw h alive on See 24 ,1915, and that death occurred on the date stated above, at 4 a.  The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, protession, or Journal Particular kind of work	mit Wesmir Intershit deflation
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) 5 yrs. mos. ds.
(State or country) Bulturove City	(Secondary)  (Secondary)  (Secondary)  (Deration)  (Deration)  (Deration)  (Secondary)  (Secondary)  (Secondary)  (Secondary)  (Secondary)
10 NAME OF FATHER Inderick Roade from	(Signed) Of Meyre, M. D. 12/26, 1913. (Address) John ML
Z OFFATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos ds, State yrs, mos ds. Where was disease contracted.
(Informant) Care to the Best of My KNOWLEDGE	If not at place of death? Former or usual residence
(Address) Defeta Mix	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL

20 UNDERTAKER REGISTRAR If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

2000 Chlean &



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative leaithful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage, as "Purrperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenla," "Annemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for "Hart fallure," "Haemorrhage," "Inanition," "Maras genital," "Senlle," etc.), "Dropsy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of .. cause of death approved by Committee on Nomencia. "Contributory." The contributory (secondary or Intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can "Exhaustion," Examples: For VIO-



No. 1.

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PERMANENT UNFADING INK-THIS IS WITH WRITE

PHYSICIANS should of OCCUPATION IS RECORD EXACTLY. classified. CAUSE OF Important. N.B.

Cot	PLACE OF DEATH 17059 unty Harford	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 183
-Vill	2 FULL NAME Charles Macs	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	als 4 COLOROR RACE SHIPLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	(Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased fro
(a) par (b)	(Month) (Day (Year)  (Month) (Day (Year)  (Year)  If LESS than 1 day,hrs.  ORmin.?  CCUPATION  Trade, protession, or ticular kind of work  General nature of industry, ness, or establishment in	that I last saw h alive on ,191 and that death occurred on the date stated above, at
9 81	10 NAME OF FATHER JOREPH Mackin  11 BIRTHPLACE OF FATHER	(Signed) Kany & Sipple ash corone M.  (Address) Kane de Mare May
	(State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  Informant)  A A A A A A A A A A A A A A A A A A A	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) whether Accides TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs, mos, dwhere was disease contracted, it not at place of death?
15	(Address)	MErin Cemeley Locale 1913

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER



[Approved by U. S. Consus and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persous should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be eutered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But iu many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as material worked on may form part of the second it should be used only when needed. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Never return (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulessis of lungs, meninges, peritonaeum, etc., Carein-

nant neoplasms); Measles; Whooping cough; Chronie cer" is less defiuite; avoid use of "Tumor" for maligcause. Always qualify all diseases resulting from valvular heart disease; Chronie interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Couthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. The contributory (secondary or intercurrent) (Recommendations on statement of "Exhaustion," For VIO-



PERMANENT BINDING UNFADING MARGIN

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DEATH

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OCCUPATION

PLACE OF DEATH

17060

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

-Ward)

If death occorred in a hospital or institution. of street and number.]

give its NAME instead nau PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEY 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED, (Month) (Dav (Year) (Write the word) HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, f day ......hrs. DEATH\* was as follows: OR ..... min. ? Lolour. Mummune BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ State ..... yrs, \_\_\_\_ mos. Where was disease contracted. BEST OF MY KNOWLEDGE If not at place of death?... Former or usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

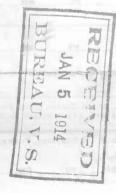


[Approved by U. S. Census and American Public Health Association.]

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· · · · · · · · · · · · · · · · · · ·	1913
1 PLACE OF DEATH	STATE OF MARYLAND 1873
17063	CERTIFICATE OF DEATH
County Marjura	Registration Dist. No./82
Village or City Near Technol (No. 1)	St.; Ward)  [If death occurred is a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Ante (Write the word)	16 DATE OF DEATH ALC. (Month) (Day) (Year)
(Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1913, to Dec. 18, 1913, that I last saw h Line alive on Dec. 17, 1913
AGE   If LESS than 1 day,hrs.   ORmin.?	and that death occurred on the date stated above, at
(a) Frade, profession, or particular kind of work.  (b) General nature of industry,	John John Marie
business, or establishment in C which amployed (or employer)	(Ouration) / yrs. mos. ds.
BIRTHPLACE (State or country)	Contributory (Secondary) (Ouration) yrs mes ds
10 NAME OF CANKNOWN	(Signed) R. E. Jelsa, M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
OF MOTHER MANNE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place  In the
(State or country)  4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds. Where was disease contracted,
(Informant) Isma Sadie Miller	If not at place of death?  Former or usual residence.
(Address) Rechard Balto & Mid.	Int Carnel Censly Emmerts Dec 20, 1913
Filed REGISTRAR	Chan, E. Hornberger Benson Med
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

statement. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of ageness of various pursuits can be known. The question tion is very important, so that the relative mealthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," For persons "Foreman," (0)

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# WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

County Co	85
County	65
Registration Dist, No	0
Village or City Carrelde Grace (No. St.; Ward)  2FULL NAME  St.; Ward)  [It death to a hospital or give its MAN of street and street	tE instead
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
Married, Single, Married, Married, Wisower, Orbivorceb (Write the word)  16 DATE OF DEATH  MORRED, Married (Month) (Day	, 1913 (Year)
© DATE OF BIRTH  (Month) (Day (Year) that I last saw h alive on	, 191,
7 AGE    If LESS fhan   and that death occurred on the date stated above, at	P m,
© OCCUPATION (a) Trade, profession, or particular kind of work  (b) General nature of Industry, business, or establishment in which employed (or employer)  (Duration)  (Duration)  (Duration)	Led ds.
9 BIRTHPLACE (State or country) Convelde Grace Secondary (Oursilon) yrs mos	
(Signed) Henry & Sipple & Goror  11 BIRTHPLACE OF FATHER (State or country) & Carre de Grace  22 *State the Disease Causing Death, or, in deaths from Causes, state (1) Means of Injury; and (2) whether  12 MAIDEN NAME	ace
13 BIRTHPLACE OF MOTHER (State or country)  OR RECENT RESIDENTS)  At place of death yrs mos ds. State yrs mos.	ANSIENTS,
(Informant) Charles De Grace d	
(Address).	9, 191.5



[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as. At sehool or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. materiai worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Lahorer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puenperal septichaectc, when a definite disease can he ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanitlon," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmerc symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-aeci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viodent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.... Ilf death occurred in .....Ward) a hospital or institution, give its NAME instead Moure of street and number. ? MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 6 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDDWED, (Day) (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) (Year) 7 AGE and that death occurred on the date stated above, at 11, 45 Pm if LESS than 1 day .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 6 OCCUPATION (a) Frade, profession, or (b) Geoeral nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (Secondary (State or country) 10 NAME OF (Signed) 11 BIRTHPLACE PARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) \_\_\_\_\_ yrs. \_\_\_\_ ds. State yrs, mos. Where was disease contracted. if not at place of death?. usuai residence. DATE OF BURIAL 15 ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is necwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: For persons "Foreman," The (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUST and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerreral septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasdent; Revolver wound of head-homicide; Polsoned which surgical operation was undertaken. For viogenital," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms) ; Measles; Whooping cough; Chronic mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds. (secondary or intercurrent) "Dropsy," "Exhaustion," \_\_\_ (name origin; "Can-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 6 1914 BUREAU, V.S.

DNIONIB FOR RESERVED MARGIN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD 4 15 WRITE PLAINLY, WITH UNFADING INK-THIS

Village or City Mann (No. 1).	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No  St; Ward)  [if death occurred in a hospital or institution, give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
asex 4 COLOR OR RACE 5 SINGLE, MARRIED, WISOWED, OROVORCED (Write the word)	16 DATE OF GEATH    2
* DATE OF BIRTH  (Month) (Day) (Year)	25 100 1913, to 20 , 1913, that I last saw h Gara alive on 32 2220 , 1913
7 AGE If LESS than t day,hrs. ormin.?	and that death occurred on the date stated above, at 3 m, The CAUSE OF DEATH* was as follows:
a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	(Ouration) yrs. mos. 5 ds.  Contributory (Secondary)
11 BIRTHPLACE OF FATHER (State or country) / farford bo  12 MAIDEN NAME OF MOTHER OF MOTHER  12 MAIDEN NAME OF MOTHER OF MOTHER  13 MAIDEN NAME OF MOTHER  14 BIRTHPLACE OF FATHER (State or country) / farford  15 MAIDEN NAME OF MOTHER  16 BIRTHPLACE OF FATHER (State or country) / farford  17 MAIDEN NAME OF MOTHER  18 BIRTHPLACE OF FATHER (State or country) / farford  19 MAIDEN NAME OF MOTHER  19 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  11 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTHER  19 MAIDEN NAME OF MOTHER  19 MAIDEN NAME OF MOTHER  10 MAIDEN NAME  10 MAIDEN N	(Signed) (Si
OF MOTHER Cama de bettellerger  13 BIRTHPLACE OF MOTHER (State or country) fayme bo  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place 10 the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted,
(Address) Shann In I	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  A STEEL OF BURIAL  DOC 2 191 3
Filed REGISTRAR	Hegalino Ma De 2 , 1913  20 UNDERTAKER HATTER ADDRESS  Chas Dina Smith Thomas In 2

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speci-For many occupations a single word or term on the cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekcepers minc, etc. fication, as Day laborer, Farm laborer, Laborer—Coal statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age who have no occupation whatever, write None CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE gainfully employed, as At school or At home. cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many tion is very important, so that the relative healthful-Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: 9

Statement of cause of death—Name, first, the disease causing affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc..

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such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or iniscarriage, as "Puerreral scotichacmus," "Old Age," "Shock," "Uraemia," "Weakness," genitai," ample: Mcastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencia "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. nant neoplasms) : Measles; Whooping cough; Chronio oma. Sarcoma. etc., of . is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) tetanus) may be stated under the head Mways qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin: "Can death), 29 "Exhaustion," Never report Examples: For vio-



STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred in St.;....Ward) a hospital or institution. give its NAME Instead ot street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH S SINGLE, Married 16 DATE OF DEATH WIDOWED, (Month) (Day (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from 780 a m and formal DATE OF BIRTH (Month (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, 1 day,....hrs. The CAUSE OF DEATH\* was as follows: 8 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death ..... yrs. .... mos. .... ds. State ..... yrs. \_\_\_\_ mos. ... Where was disease contracted. It not at place of death? Former or usual residence. 16 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto Requesting V. S. No. 1.



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### REVISED UNITED STATES STANDARD . CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

mine, etc. cated thus: gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laboreradditional line is provided for the latter statement; who have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each aud every person, irrespective of agc. tiou is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman," (0)

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sepsis, tetanus) may be stated under the head of mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Couvulsions," "Debility" ("Contheuia," "Anaemla" (mcrely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ccr" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the Americau Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." lnjury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioctc., when a definite disease can be ascertained as the merc symptoms or terminal conditions, such as "Asaffection need not be stated unless important. Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report

